

## SUMMARY FORM

### **COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR/NON-POLICE & NON-FIRE**

#### **Section I: Agreement Details**

Public Employer: County of Bergen County : Bergen  
Employee Organization: LOCAL 108, RWDSU, AFL-CIO B/C Employees in Unit: 64  
Base Year Contract Term: 01/01/08-12/31/11 New Contract Term: 01/01/12-12/31/15

Type of Settlement: \_ Mediated Settlement \_ Fact-Finder Recommendation X Voluntary Settlement \_ Super Conciliation

Column A	Column B
Base Year-Total Costs (Last Year of Previous agreement)	New Base Year-Total Costs (First Year of Successor agreement)

#### **Section II: Economic**

Item 1.....	Salary	\$2,528,973	\$2,528,973
Item 2.....	Increment	\$51,100	\$51,100
Item 3.....	Longevity	\$51,100	\$51,100
Item 4.....		\$51,100	\$51,100
Item 5.....		\$51,100	\$51,100
Item 6.....		\$51,100	\$51,100
Item 7.....		\$51,100	\$51,100
Item 8.....		\$51,100	\$51,100
Item 9.....		\$51,100	\$51,100
Item 10.....		\$51,100	\$51,100
Item 11.....		\$51,100	\$51,100
Item 12.....		\$51,100	\$51,100
Additional items		\$51,100	\$51,100

Any additional items list on separate sheet

#### **Section III: Totals -**

Sum of costs in each column	\$2,580,073	\$2,580,073
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#### **Section IV: Analysis of new successor agreement**

#### **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$2,580,073	01/01/12	01/01/13	01/01/14	01/01/15
Effective Date (m/d/yyyy)	.000%	.000%	2.000%	2.000%	2.000%
Percent Increase .....	.000%	.000%	2.000%	2.000%	2.000%
Total cost of increase.....	\$0	\$0	\$50,579	\$51,591	\$51,591
Total base salary (successor agreement)	\$2,580,073	\$2,580,073	\$2,630,652	\$2,682,243	\$2,682,243

#### **Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)	1.000%
Dollar impact (average per year over term of agreement)	\$25,542.62

#### **Section VI: Health Insurance (include costs associated on each line)**

	Base Year	Year 1	
Cost of Health Plan .....	\$701,126	\$673,638	
Employee Contributions .....	\$0	\$36,697	
Prescription .....	\$256,092	\$241,777	
Dental .....	\$44,897	\$42,451	
Vision .....	\$0	\$0	

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

#### **Section VII**

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature : \_\_\_\_\_ Date : \_\_\_\_\_